complained of a "funny feeling about the head" for some time after the injury, which, when he was seen seven years after the injury, was slight and not troublesome.

In almost all the patients we find an increased susceptibility to the action of *alcohol*, often very noticeable.

CONCLUSIONS.

(1) Out of 70 persons with fractures of the skull, 37 presented no symptoms when examined some time later.

(2) Seven persons only presented serious symptoms, and in at least four of these it is doubtful whether the symptoms were due to the injury.

(3) The most frequent consequences found were headache, deafness, dizziness, and inability to resist the action of alcohol on the brain.

(4) Out of the 15 cases in which operation (trephining, etc.) was performed, 12 had no symptoms; in another it was doubtful whether the symptoms present were due to the injury; in another the symptoms were slight (headache rare, tension over wound while lying in bed); the other was deaf, but had no other trouble. We are justified, therefore, in concluding, so far as our statistics lead, that those cases in which trephining was performed have shown much better results, as far as the symptoms discussed are concerned, than those in which no operation was performed.

Clinical Department.

CASES OF MALIGNANT ADENOMA OF THE UTERUS, VAGINA AND RECTUM; WITH REMARKS UPON THE SURGERY OF THIS FORM OF MALIGNANT DISEASE.¹

BY MAURICE H. RICHARDSON, M.D.,

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OPERATIONS, even the most extensive possible, for cancer of the rectum and uterus are followed so frequently by hopeless recurrence that they must always be undertaken with reluctance and misgivings. When, however, the disease is of those less malignant types which are slow to invade remote structures the prognosis after thorough removal is so bright that even the most extensive mutilations are justifiable.

The malignant adenomata of the uterus, for example, present after thorough removal the most encouraging outlook. I recall several cases of this disease in which hysterectomy was performed long before the growth had penetrated from the mucous surface of the fundus, where it had originated, to the peritoneum. In these cases there was no return of the growth. It was only when the disease had already invaded contiguous structures that extirpation of the uterus was followed by a fatal recurrence. In cases of malignant adenoma of the rectum also, thorough extirpation has been followed in my experience by permanent cure. In such cases the recurrence, if any takes place, is localized, and the progress slow.

Whatever the views of the pathologists may be as to the course of the so-called malignant adenomata, clinical experience seems to indicate a prognosis much more hopeful than that of ordinary cancer. I recall

¹ Read before the Obstetrical Society of Boston, January 19, 1897.

one case in particular which has encouraged me, even under the most unfavorable conditions, to remove the uterus when the diagnosis of malignant adenoma of the uterus had been made.

CASE I. Mrs. W. H. K., aged forty years, a patient of Dr. Andrews of Gardner, Mass., was married at nineteen. She had been as well as the average girl. After her second confinement, from which she got up very slowly, she began to have excessive flowing at the menstrual periods. The periods themselves became more frequent, and the exsanguination finally was extreme. On April 26, 1894, I found the patient greatly emaciated and anemic. The uterus was filled with a friable bleeding mass, which I removed as thoroughly as possible by means of a curette. Dr. Whitney pronounced the scrapings to be fragments of a malignant adenoma. On May 17, 1894, I removed the uterus through the abdomen. The fundus was filled with masses of the disease, which had not, however, penetrated to the peritoneum. At the operation no evidence of metastasis was found. A good recovery followed. In the first sixteen weeks she gained sixteen and a half pounds. On February 6, 1897, I saw the patient in perfect health.

Dr. Whitney's report is as follows:

HARVARD MEDICAL SCHOOL,
May 16, 1894.

DEAR DOCTOR:—The examination of the uterus from the case of Mrs. K. showed a large infiltrating growth ulcerating on the surface, with slightly raised, fungous edges. This occupied the cervical region, which was elongated and hypertrophied.

Microscopic examination showed the same characteristic as the scrapings, namely, irregularly shaped glands infiltrating the tissues. The limit between the growth and sound tissue is much sharper than in the cases of a similar character which have had their origin in the fundus of the uterus.

The diagnosis is a malignant adenoma starting from the cervical glands.

Yours very truly,
W. F. WHITNEY.

CASE II. A case of malignant adenoma of the rectum, that of Mr. J. A. R., aged forty-seven, pursued also a favorable course. This man, a jeweller, came to me November 22, 1890. He had had, in the preceding September, without apparent cause, an excessive hemorrhage from the rectum, accompanied by attacks of fainting. On October 19th he had another hemorrhage. He had been troubled for four or five years with constant diarrhea, accompanied by pain dating from service in the war. I found an ulcerated tumor situated in the posterior wall of the rectum, about two inches above the anus. The first operation, that of curetting and burning, was performed in 1890. On February 17, 1891, I removed the mass thoroughly through the dilated anus. Dr. Whitney pronounced the disease a malignant adenoma of the rectum, and gave a hopeful prognosis. In November, 1895, I saw the patient at his place of business in Amherst. He reported himself as perfectly well, and his looks confirmed his statement.

CASE III. Encouraged by cases like the preceding, I advised operation in the case of Miss L. M., aged forty, who had had for about a year some internal trouble which she thought to be connected with the uterus. She consulted Dr. — who found a small growth in the left side of the vagina near the cervix. This tumor was removed by Dr. — on December 11, 1894. It was pronounced a malignant adenoma

by Dr. Whitney. On December 9, 1895, she consulted me, after having been told by several physicians that nothing further could be done, a local recurrence having taken place. I found an induration, about the size of a silver quarter, at the seat of the former operation. It could be felt through the rectum, and extended nearly to the cervix. In view of the microscopic diagnosis, it seemed to me possible to attempt extirpation, though such a procedure would evidently require an extensive dissection involving the rectum, the vagina, the peritoneum, and probably the uterus. Such was the magnitude of this operation that I hesitated a long time before undertaking it. The patient was sent to 38 Commonwealth Avenue for observation. She was examined under ether, and an abdominal section was made to see if the growth could be removed by the abdominal route. No indication of the tumor could be found by careful examination with the patient in the Trendelenburg position. Adhesions were evident in the posterior cul-de-sac. An examination of the rectum was made later by Dr. Otis, who reported that the disease did not appear to involve the mucous membrane of the rectum.

It was finally determined to attempt extirpation by an incision through the buttock after the manner of the Kraske operation. On February 6, 1896, a long cut was made through the gluteal muscles, extending from the posterior superior spinous process of the ilium nearly to the anus. The rectum and vagina were exposed by thorough dissection. It was found impossible to remove the mass without opening the rectum as well as into the vagina. The disease extended also into the pericervical space to the left of the uterus. A clean cut was made about the whole mass by means of scissors. A large portion of the cervix was removed, half the circumference of the vagina, and the greater portion of that of the rectum. The peritoneal cavity was widely opened. The open ends of the rectum were inverted and sewed together with interrupted sutures of silk. The wound was then packed tightly with iodoform gauze. The patient was in considerable shock as the result of the operation, which was an unusually long one, lasting nearly two hours. She made a good recovery, however, from its immediate effects. For a long time there was an abundant discharge of feces from the wound. This discharge finally ceased, and she left the hospital well March 21, 1896.

It is, of course, much too soon to assume that in this case the operation is permanently successful: yet in a letter from Miss M., dated September 7, 1896, she reports herself as feeling perfectly well. In view of the extensive operation in this case, and of the merely local malignancy of this form of tumor, it seems reasonable to expect a permanent cure.

CASE IV. Mrs. C. R., forty-eight years of age, living in Waltham, had had three children. The family history was good, except that one sister died of cancer of the breast. This patient had been under the observation of her physician, Dr. McCollister, for about six months. She had in the first place a granular and everted cervix. This healed over under treatment, and she was supposed to be rid of the disease. Nevertheless, she complained of feeling not as well as usual: her digestion was out of order. Soon she began to have attacks of flowing that would last as long as two weeks. There had been some irregularity of the menstruation before. The hemorrhage became exces-

sive. I found the uterus strongly anteverted and movable, and the cervix indurated and ulcerated. The vaginal wall was not implicated. No metastasis could be found. On April 4, 1894, I removed this uterus at the Waltham Hospital. The patient made a very good recovery, and has been perfectly well ever since. Dr. Whitney's report is as follows:

SEARS LABORATORY,
HARVARD MEDICAL SCHOOL, April 6, 1894.

DEAR DOCTOR:—The uterus from the case at Waltham measured about seven centimetres in length. The fundus was enlarged by a new growth, soft, opaque, whitish, and more or less fungous in character. This growth projected into the uterine cavity and infiltrated the muscular tissue.

Microscopic examination showed it to be composed of large, irregular, tubular glands infiltrating between the bundles of muscular fibres.

The diagnosis is malignant adenoma.

Yours very truly,
W. F. WHITNEY.

The immediate results in extirpation of the uterus for ordinary cancer of the cervix have been in my experience very encouraging; in a considerable number of vaginal hysterectomies I have lost but one case. In many, however, the recurrences have been early, although several patients are now living and free from disease. Still I have no doubt, that my cases of carcinoma have the same deplorable percentage of recurrences that have been observed by most operators. When the diagnosis of malignant adenoma has been made, however, there have been no recurrences whatever that I have been able to find, with the single exception of a case in which at the time of operation the disease was found already to have escaped from the uterus into the intestine. The woman had a recurrence at the end of a year, and has just died. I felt in this case that had the operation been performed sooner a perfect cure would have resulted. Operation had been advised some years before by the attending physician. The patient declined, however, to have any operative interference.

CASE OF SUPPURATING FIBROID TUMOR OF THE UTERUS.¹

BY JAMES R. CHADWICK, M.D.

On December 16, 1896, I was summoned to see a patient of Dr. S. C. Morrill, of Concord, N. H. She was a widow, sixty years of age, of extremely nervous temperament, the mother of several children. She had had an interstitial fibroid tumor of the uterine body, which since the menopause had gradually decreased in size and for many years had given rise to no symptoms. In August she had a distressing domestic difficulty which affected her seriously. Early in September she went to visit friends in Walpole, N. H., where after a long drive she had a severe chill, which was repeated often in the following four months, her temperature varying most of the time from 99° to 103° once rising to 104.5°. Nausea, emaciation to the extent of sixty pounds, and extreme nervousness were the only other symptoms. At no time had there been the slightest tenderness of, or discomfort in the fibroid uterus. Malaria, which is somewhat prevalent in and about Walpole, was suspected to be the cause of her

¹ Read before the Obstetrical Society of Boston, January 19, 1897.